

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH- COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md.</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Sudlersville Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Yen Sudlersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>BEAUFORD</u> (Middle) <u>H</u> (Last) <u>COURSEY</u>	4. DATE OF DEATH	(Month) <u>June</u> (Day) <u>9</u> (Year) <u>1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb 6-1884</u>
9. AGE last birthday <u>71</u> yrs.		10. If under 1 year Months Days	11. If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tenant Farmer - Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>md.</u>	
11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13. FATHER'S NAME <u>James Coursey</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>213-10-7821</u>	
17. INFORMANT AND ADDRESS <u>Mrs Ethel May Smith Sudlersville</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause <u>Lobar Pneumonia</u>		<u>3 days</u>	
(b) Antecedent cause(s) <u>Ch. Myocardial Insufficiency</u>		<u>6 mos</u>	
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS <u>Ch. Arthritis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6/8/55</u> to <u>6/8/55</u> , that I last saw the deceased alive on <u>6/8/55</u> , 19 <u>55</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>J. H. Hamilton</u>		ADDRESS <u>Nullington Md</u>	
DATE SIGNED <u>6/10/55</u>			
23. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>June 12-55</u>	NAME OF CEMETERY OR CREMATORY <u>Sudlersville</u>	LOCATION (City, town, or county) (State) <u>Sudlersville Md</u>
DATE REC'D BY LOCAL REG. <u>June 10</u>	REGISTRAR'S SIGNATURE <u>Edgar R. Lane</u>	24. FUNERAL DIRECTOR <u>Edgar L. Lane</u>	ADDRESS <u>Church Hill</u>

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JUN 20 1955

RECEIVED

1 5906

CERTIFICATE OF DEATH

Reg. Dist. No. 252...

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne</u>		MARYLAND		STATE <u>Ind.</u>		COUNTY <u>Green Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN				OR TOWN <u>Rural Centerville</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00							
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>JOHN H. NEWTON</u>				<u>June 29 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>Col.</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>Sept. = 1888</u>	
9. AGE last birthday: <u>66</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY: <u>USA</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Freight Handler</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>R.R.</u>			
13. FATHER'S NAME: <u>John H. Newton</u>				14. MOTHER'S MAIDEN NAME: <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS: <u>Ronise Newton = 2210 Chic St. Phila. Pa.</u>				INTERVAL BETWEEN ONSET AND DEATH: <u>1 hour</u>			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>							
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from , 19....., to <u>6/29</u>, 195 <u>5</u> , that I last saw the deceased alive on <u>6/29</u>, 195 <u>5</u> , and that death occurred at <u>7:30 P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>W. Henry Fisher</u>				ADDRESS <u>Centerville Ind.</u>		DATE SIGNED <u>7-2-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>July 2</u>		<u>Carmichael</u>		<u>Carmichael Ind.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>7-2-55</u>		<u>Elie Armstrong</u>		<u>Edgar L. Rone = Chick Hill Ind.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 3008

BUREAU V. S.

JUL 12 1953

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 5907

MARYLAND STATE DEPARTMENT OF HEALTH

05916

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

1. PLACE OF DEATH- COUNTY <u>Luzern Anne</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD.</u> COUNTY <u>Luzern Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Barclay</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>near Barclay</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Toshua</u> (Middle) (Last) <u>Sudler</u>		(Month) <u>June</u> (Day) <u>22</u> (Year) <u>1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Day Labor</u>	8. DATE OF BIRTH <u>July 12, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>57</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>near Barclay Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Geo. Sudler</u>		14. MOTHER'S MAIDEN NAME <u>Louisa Wellington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		17. INFORMANT AND ADDRESS	
(If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>40</u> <u>Maggie Seals (sister) Barclay Md</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
434.3 Immediate cause <u>He was working getting up hay - apparently he got too hot & fell off wagon - & was dead</u>			
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Evidently a heart condition</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PLACE (Home, farm, factory, street, office bldg., etc.) <u>farm</u>		(CITY OR TOWN) (COUNTY) (STATE) <u>near Sudlersville - 24 Md</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY m. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>W. Henry Fisher M.D. Deputy Med Examiner 24 Co Md</u>		DATE SIGNED <u>6/22-58</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6/25/58</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Daniels Cem.</u>		LOCATION (City, town, or county) (State) <u>Barclay, Luzern Anne Co Md.</u>	
DATE REC'D BY LOCAL REG. <u>6-23</u>		REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>	
FUNERAL DIRECTOR <u>Edward F. Holloway</u>		ADDRESS <u>Millington Md.</u>	

BUREAU V. 3

JUN 30 1965

RECEIVED